

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002253

1. Entity Name

COALITION OF ESSENTIAL SCHOOLS FLORIDA, INC.

**FILED**  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90112 032 \*\*\*\*61.25

Principal Place of Business

3531 DAVIE ROAD  
DAVIE FL 33314

Mailing Address

3531 DAVIE ROAD  
DAVIE FL 33314

00052119

2. Principal Place of Business

1750 NE 167th St

3. Mailing Address

1750 NE 167th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

4. FEI Number

65-0972760

Applied For

Not Applicable

Zip

33162

Country

U.S.

Zip

33162

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CIESLAK, NANCY  
3531 DAVIE ROAD  
DAVIE FL 33314

7. Name and Address of New Registered Agent

Name Ron L. Rapp

Street Address (P.O. Box Number is Not Acceptable)

1860 NW 42nd St.

Ft. Lauderdale

FL

Zip Code  
33309

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*[Signature]* Ronald L. Rapp, Director 4-30-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CIESLAK, NANCY	
STREET ADDRESS	3531 DAVIE ROAD	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	CT	<input type="checkbox"/> Delete
NAME	BERMUDEZ, PEDRO	
STREET ADDRESS	250 NW 107 AVE #103	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	CT	<input type="checkbox"/> Delete
NAME	BRUINING, SUE	
STREET ADDRESS	1800 SW 5 PLACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron L. Rapp	
STREET ADDRESS	1860 NW 42nd St.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* Ron L. Rapp 4-30-01 (954) 401-1471

CR2E037 (10/00)